

# THE CALIFORNIA MEDICAL JOURNAL.

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H. T. WEBSTER, M. D. .... Editor.

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## ORIGINAL COMMUNICATIONS.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write without breaks, *i. e.*, do not begin a new sentence on a new line. When you want to begin a new line or paragraph at a given word, place before it in your MS. the Sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times. Address all communications, subscriptions, etc., to H. T. WEBSTER, M. D., Editor CALIFORNIA MEDICAL JOURNAL, OAKLAND, CALIFORNIA.

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### CHICAGO LETTER.

CHICAGO, Nov. 2, 1884.

H. T. WEBSTER, M. D.—*Dear Doctor:* I have pitched my tent in the great city of Chicago and expect to stay here a few months before I steal away and make my European tour. I have several reasons for remaining here. One is, the cholera which has been raging with such violence for so many months in the European countries; and the United States, during the winter, possess the greatest medical and surgical advantages. Another reason is, that Mrs. C., who has never been outside of California, is desirous of spending the winter where the rivers freeze and the trees glisten with ice, so to speak. I also have friends both in and out of the profession who will make my days pass by pleasantly. I attend five surgical chairs in this city, and a few others that I think may be of importance to me. One of the funny chairs is on the "Diseases of Children." The professor is a competent man and handles his subject adroitly. What is particularly ludicrous is to have this little man speak of a nursing bottle with a kind of a Bob Ingersoll pathos. His hair is cut short and a fly is constantly endeavoring to nest in its meshes. He asked my friend Suth the objections to a long-tubed nursing bottle. The reply was that fungi, or bacteria, bacillus, or spirilli, might form, cause fermentation



and the formation of gas, and thereby bust the bottle. The reply caused a profound coma-vigil in the professor.

We operate, *i. e.*, I look on. I have witnessed a number of surgical operations during my stay here. The most interesting among them were two excisions, one of the ankle, the other of the knee joint. In both cases the elastic bandage was used from foot to above knee and Esmarch's tourniquet applied and the bandage removed, thereby allowing a bloodless operation. First, excision of ankle was performed about three weeks ago. Patient was etherized. The first incision was made about two inches in length over the internal malleolus above, and one inch below, along instep. With the assistance of a chain saw, bone forceps, etc., at the end of two hours and a half an inch or more of the lower end of the tibia and considerable of the astragalus and os calcis was removed. Also the lower end of the fibula through a second incision over the external malleolus. These parts were badly necrosed. Antiseptic measures were strictly followed out. The wound was thoroughly irrigated with a carbolyzed solution, Esmarch's tourniquet removed, all of the small arteries ligated with cat-gut ligature, the wound irrigated, iodoformed, drainage tubes passed through ankle from side to side, and from above on the inside, down through a new opening, made purposely at the most dependent part of the heel. The leg was then enveloped in a number of layers of antiseptic gauze, and a padded splint applied. The parts were not to be disturbed for six or seven days unless considerable pain ensued.

This was an interesting operation, but alas, out of the six or seven hundred students who might have witnessed it, only fifty were present, and the majority of these departed before the dressings were applied or the vessels ligated. Some can see no more science in an operation in surgery than they can in seeing hogs slaughtered.

One of the most remarkable features connected with operators in this country is their apparent carelessness as to the duration of an operation, sometimes taking two to three hours in an operation. Only in exceptional cases do they make hurried, clean incisions. They make their operations laborious. In necrosed bone they probe and gouge and pick each fragment of bone separately.

If what I have written already has not wearied you, I will go further and give you a few points regarding an ex-



cision of the knee, that I witnessed last week. The patient had suffered considerable pain in the region of the patella. After having been treated for a number of weeks with no benefit, an operation was decided upon. Dr. St. J. operated. He made one incision from the internal condyle of the femur to the external. The line of incision was oval, passing down over the tibia about one inch from the center of a line extending between the two extremities of the incision. The capsule was opened, patella dissected back. Inflammatory deposit, having eroded the articular surface of the patella and condyles of the femur, the patella, and about an inch of the femur and upper end of the tibia were dissected out. Irrigation was resorted to, tourniquet slightly loosened up, and about ten small arteries ligated. Irrigation again, and the ends of the bones brought in apposition. One drainage tube was passed transversely through the wound, another through a more dependent part by a special opening.

The bones were held in apposition, nails were driven from the femur into the tibia and from the tibia into the femur, holes having been formed with bone drill for the passage of the nails. Although the nails held the bones firmly together, yet silver wire was used to fasten the heads of the nails on the femur to those on the tibia. Parts were iodoformed and integument brought together by interrupted sutures. The parts were enveloped in antiseptic gauze, bandaged with plaster of paris, and the operation was finished.

You may ask, How are the nails and wire to be removed? The theory is, slight softening of the bone will ensue, the nails will sooner or later become loose. They will irritate the integument, a slight incision will be made through the integument at the point of redness and the nails and wire removed. Such portions of bone were removed that the femur and tibia were held in apposition with a slight bend in the knee. The operator hopes for osseous union.

#### AUTOPSIA CADAVERICA.

Suth and I thought we would pay special attention to pathological anatomy so that we might be versed in the subtle changes that take place in the minute tissues of the body. We entered the dead room and took a front seat about two feet from the slab where a muscular cadaver was stretched for the good of the cause. The demonstrator said the first rule in an autopsy is "inspection." Pointing to Suth, he continued: "By inspection, what would you infer,



in this case, to be the cause of death." Suth and I had already focused our optics on a huge contusion over the parietal eminence, so he quickly answered: "A club." Suth is very facetious, but the answer was in main correct. The professor continued to deal out the remaining rules guiding one in an autopsy, the second being "incisions;" these consisting of, in the head, from one ear to the other over the highest point, and on the body, from chin to pubes. Third, cutting through the bones, removing the calvarium, and cutting down through the costal cartilage. Fourth, examining each organ, and retaining a part of each, which might be of value in a legal point of view. In the autopsy the second and third rules were passed by and the brain and membranes removed. A clot of blood was found between the meninges which cleared up the cause of unconsciousness the patient had experienced before death. A fracture of the petrous portion of the temporal bone was also present, explaining the hemorrhage from the ear. There was also hyperæmia of the meninges of the brain. The lungs were found to be congested, marked signs of this pathological condition were pitting, and excessive discharges of serum when the lungs were incised. We found cysts upon the kidneys, infarctions and fatty degeneration of the liver. The other organs were normal. The scene ended, and we departed.

I witnessed two amputations the other day. They were both cleverly performed with two exceptions in the second. The flaps were a little too short and no flesh covered the end of the bone.

Will write again in a short interval.

Respectfully, D. D. CROWLEY, M. D.

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### QUESTIONS OF THE HOUR.

BY M. H. WHITNEY, M. D.

MEDICAL legislation is under discussion in nearly all States of the Union, a most necessary proceeding, as all schools agree in the theory of absolute suppression of quackery as the only means of elevating the medical standard, while on the other hand, "irregulars" are not prepared to play "Jonah" to the "regular" whale. The success of eclectics in obtaining a just and fair showing will be in proportion to their mutual support of eclectic principles and



ethics, and the cry of "no legislation," whether by the hoary sage or the newly fledged practitioner, will produce only harmful results. A scientific eclectic devoted, by years of hard study, to his profession feels insulted to stand before the people only on a level with a doctor whose library consists of "Doctor Gunn's Household Physician," and then, I say the people *do* need protection whether they ask it or not. I believe that on no subject is the present generation more ignorant than that of medicine in all its branches. During the recent campaign a candidate for a county office assured me that he really did not know where his lungs were located. Had he said his brains, my answer, that I was not surprised, would have been more truthful. Where such ignorance exists an egotistical quack can inspire a confidence that will cost a life to quench; so let us stand together and legislate for justice instead of the freedom which, translated, reads, "License for ignorance." But up here in Washington Territory we are all so gentle that ethical legislation is a theme of the future, and nothing is required but to swell the county treasury to the amount of four dollars by registering a diploma.

Another question fills the public mind, engrossing the interest of all classes and both sexes,—the question of woman as a political factor. The wide field opened by the late act of legislature bestowing upon her the elective franchise and equal rights, is approached by the gentle sex with feelings indicative of the different elements composing her nature. Some stand aghast with apprehension, others rush headlong determined to revolutionize the world; courts of justice, the juror's bench, the polls, and political meetings are common resorts, and desultory gossip gives way to discussions of party principle and parliamentary rules.

This new Northwest with its progressive ideas, is giving freely to woman the privileges that the conservative East is only slowly surrendering to her demand. While in all the enlightened countries woman is steadily rising from the plane which hints of the barbarian estimate of ability by physique, to the place of higher education which capacitates her for avenues of usefulness until of late closed to her approach, Washington, and her sister Territory, Wyoming, in granting the ballot, have taken the initiatory in an important act and the result is awaited by a marveling world. The hope of our good people is that woman may sway the



balance of power to the side of morality and temperance. The indications are good for such an outcome, for never before were these points in candidates discussed so commonly and thoroughly as in the late election. Universally throughout the Territory, women cast their votes, in the majority of cases, conscientiously seeking to benefit their homes and families.

Some instances are rather amusing where men, who a year ago declared that a vote cast by their wives would be sufficient cause for divorce suits, now walk peacefully by the side of their respective "better halves" to the polls and deposit antagonizing ballots, while others insist as strongly now upon the wife using her right (especially if it helps his cause), as a year ago he insisted that she should not. When Washington Territory is admitted as a State there will undoubtedly be an attempt made by the liquor element to have the law repealed, and its continuation depends largely upon the judicious use made of the privilege. Women are awakening with energy, and independence of action is developing, and should the right be taken from them, they never again can occupy exactly their old positions; they have inhaled a new atmosphere and discovered possibilities before undreamed of. Of course, we have extremists who would accept the office of sheriff or president, but troublesome males of equally unbalanced cerebral powers exist, so these should count only as exceptions to the general rule.

In the professions, women are well received, and were it not for the distressingly low state of morals prevalent, a professional life would be free from embarrassment. There are but few ladies, however, seeking occupation in this manner, as pioneering is not desirable or necessary as yet. A lady lawyer opened an office lately in Seattle, which city has also two or three lady physicians. A few are practicing medicine in other parts of the country, Cheney claiming two. I boast of being the only eclectic of my sex in the Territory, the rest being allopathic as far as I know.

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#### SIR ERASMUS WILSON.

EDITOR CALIFORNIA MEDICAL JOURNAL—*Sir*: I observe in the October issue of your Journal a very brief account of the death of Sir Erasmus Wilson. Being a relative, and



having frequently enjoyed his kind society and hospitality, permit me to give a short sketch of his illustrious career.

James Erasmus Wilson was born in Aberdeenshire, Scotland, in 1809, and died at Westgate-on-Sea, England, August 8, 1884. He studied for the medical profession at Aberdeen and London. At an early age he showed a wonderful proficiency as a dissector, afterwards as an operator.

Possessing a steady hand and a calm nerve, he was always adverse to perform an amputation but as a last resource. His manner was gentle and winning, and while still a young man he wrote "The Dissector's Manual," "The Anatomist's Vade Mecum," etc., etc., which are too well known but to be mentioned. His fame was established when he made skin diseases his specialty. Amongst the poor (principally in London) he met and cured the worst form of cases, often affording relief with his purse as well as with his rare skill as a physician. His fame soon spread, and the rich flocked to him for relief. Having a wonderful power of persuasion, and really knowing more of his specialty than any man of his time, and diet being of the first importance in such cases, he not only knew what the diet ought to be, but, which is a far rarer gift, had the "knack" (to use a Scotch term) so to speak, of making his patients keep to it. Thus he obtained an extensive practice and grew wealthy.

During his holidays his enthusiasm for his specialty was such that, instead of enjoying himself like most other tourists, he occupied himself in studying the various forms of skin diseases. Amongst his numberless contributions to medical journals and scientific papers, he wrote a "Report on Leprosy," "The Student's Book of the Diseases of the Skin," a popular treatise on "A Healthy Skin," and the article on "Skin" in Cooper's Surgical Dictionary. In 1843, he was made a Fellow of the College of Surgeons; in 1870, a member of the Medical Council; and in 1881, its President. In 1869 he founded the Chair and Museum of Dermatology in the College of Surgeons, London, and was elected its first Professor. He also founded the Chair of Pathology in the University of Aberdeen, at a cost of \$50,000; the Master's House at the Epsom Medical College; erected a chapel and a new wing to the Sea-Bathing Infirmary at Margate; and restored the Church of Swanscombe.

To the British people, however, he was more widely known as the bringer home from Alexandria, at an expense of \$50,-



000, of the Egyptian Obelisk (Cleopatra's Needle), which had been presented to the British Government in 1840 by Mehemet Ali. The story about the loss of the Needle (together with six lives) in the Bay of Biscay, and afterwards of its recovery, are well known. The Obelisk was set up, and has found a resting place on the Thames Embankment since 1878. In 1881, as a fitting recognition of his fame and munificence, he received the honor of knighthood. Wilson disbursed large sums of money in charity; some openly, as an example to others, but more often secretly. By the terms of his will the Royal College of Surgeons, London, will receive about \$900,000; the Royal Medical Benevolent College, the Medical Benevolent Fund, and the Sea-Bathing Infirmary at Margate, about \$25,000 each.

He is survived by his wife without issue.

P. B. W.

### PROGRESS OF MEDICINE.

BY H. B. MEHRMANN.

KALI bichromicum, in hoarseness, following colds, which are the results of subacute inflammation, is reported as being the best remedy.

Dr. Joseph McChesney reports corrosive sublimate a very efficient agent in gonorrhœa. He injects a solution of one grain to six ounces of water, every few hours.

Bromide of nickel is highly spoken of in epilepsy. Try it.

Sulphate of nickel is recommended in obstinate cases of neuralgia, in severe pericranial pains, etc., etc.

Rhamnus purshiana, as a remedy, is once more forcibly brought to our minds. In England the efficacy of the drug has been tested to a great extent as a tonic-laxative, the requirements of which it has been fulfilling. It also has a decided effect upon the sympathetic system. It increases the peristaltic action in the colon, more especially in the rectum.

Carbolic acid is said to cure ingrown nails, allaying the irritation and relieving the pain almost immediately.—*Boston Journal of Chemistry*.

It is stated by Dr. W. H. De Witt that he relieved a severe case of cervical endometritis by the use of powdered boracic acid. He employed it by packing the cavity of the cervix.

Hyperosmic acid, administered by subcutaneous injection,



is the latest agent employed in neuralgia, a one-per-cent solution being used. Billroth employed it in his clinic with very encouraging results, injecting it between the tuber ischii and trochanter.—*London Lancet*.

Dr. J. F. Heustis, of Alabama, describes a new and simple operation for tic douloureux, which ought to be tested by all means. The doctor cut down upon the infra-orbital foramen and, with a fine steel dentist's drill, drilled the nerve out as far back as the spheno-maxillary fissure. As a result of the operation the patient's previously painful sensations disappeared and he could move the jaws without suffering.

It has been reported by a French physician that in five cases of adynamic forms of typhoid fever, the patients were aroused, and the delirium controlled, by two hypodermic injections, daily, of twenty drops each, of ether.

M. le docteur Balette found upon investigation that the silicate of soda, given in therapeutical doses, promotes the activity of the catamenia often bringing about a reappearance. He also found that it calms the pains of dysmenorrhœa.

Gelseminum is now being extensively used by way of hypodermic injections in severe convulsions, etc. Prof. D. D. Crowley, of the California Medical College, has been using both gelseminum and belladonna hypodermically for the past year, with excellent results.

Peroxide of hydrogen, a new remedy, has been added to our materia medica. It is claimed that it has effectually cured purulent inflammation of the eyes, also corneal ulcer. It is a very efficient agent in all pus cavities wherever the presence of, or the absorption of pus is liable to prove fatal or produce a dangerous condition.

A remedy that will undoubtedly prove to be one of our best agents in diabetes, is the nitrate of uranium, especially in cases dependent upon disturbances of the digestive tract. Give it a trial.

The application of iodoform-collodion, one to ten in erysipelas, is said to relieve the burning pain and readily arrest the progress of the disease.

Prof. George C. Pitzer highly recommends euchlorine as a prophylactic constitutional remedy in the treatment of diphtheria.

Oxalate of cerium is spoken of as an excellent agent in



phthisis, thirty-grain doses at bed-time quieting the cough during the night. During the day it should be given every few hours in ten-grain doses.

Decat's preparation of phenic and sulpho-phenic acids, is said by Dr. De Lacaile to have cured thirty cases of yellow fever which have come under his care. He gives the acids per orem in the early stages of the disease; in the later stages, hypodermically; and in very bad cases he employs the phenate of ammonium.

A German physician has had good success in the treatment of enlarged prostate, with galvano-puncture. Applying an insulated needle, exposed only at the very point to the negative, then piercing the gland with the needle, the positive being applied to either the chest or abdomen.

Lithiated hydrangea is lauded very highly in the treatment of all renal diseases. Acting rather as a kidney alterative than a diuretic, it produces diuresis without painful stimulation.

Eliza A. Gillet, M. D., of Eureka, Cal., lays great stress upon piper methysticum in cases of tedious labor and dysmenorrhœa. She has given this remedy fair trial and with it has achieved great success. All eclectics should certainly give it recognition.

A new use for *epiphegus virginiana*: The editor of the CALIFORNIA MEDICAL JOURNAL, having an obstinate case of nervous headache, resorted to almost every remedy in the materia medica, without success. He was beginning to turn grave over the subject, when, happy thought, the *epiphegus* presented itself. Having fully made up his mind to kill or cure, the doctor employed it and—cured his patient.

*Aletris farinosa* cured a case of spermatorrhœa in a few days, says Dr. Hinton in the *Therapeutic Gazette*.

It was accidentally discovered by Dr. William Anderson that santonine given in five-grain doses for lumbrici cured an obstinate case of gleet.

It is claimed that the best known remedy at the present time for delirium tremens is beef tea made red hot with red pepper. Oh, how we would hate to take it!

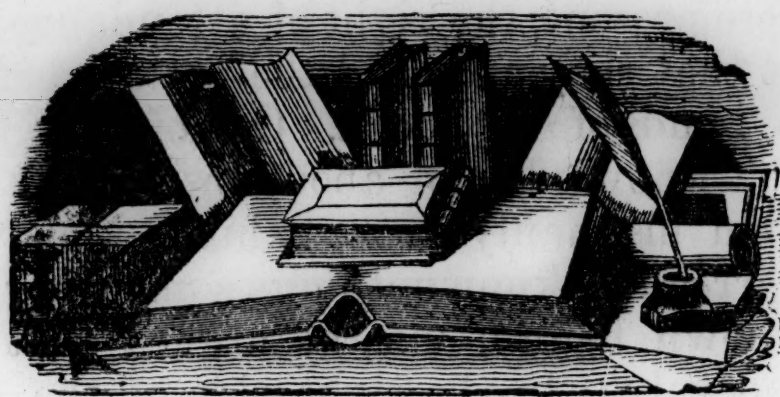
Almost specific curative power in acute and chronic cystitis is said to be possessed by resorcin. It also has excellent antiseptic qualities. In obstetrics and in gynecological practice it is highly lauded.



The latest anatomical discovery was made at a post mortem recently held in this city. The case belonged to eclectics and the operation was performed by them. Several regular physicians were present, the right of attendance being theirs from the fact that they attended the patient before the case went into the hands of an eclectic. One of the regular gentlemen, with the knowledge of about twenty years' practice weighing down his manly form, exhibited his wisdom and taught those irregular knownothings something which they had never known before; viz., he argued that there were three tricuspid valves in the right side of the heart. One of the eclectics offered to wager that there was but one tricuspid valve, but that it required three cusps to constitute the valve. The martyr of allopathy failed to present the required amount of filthy lucre; it being a clear case of shut up or put up, the subject was not discussed any further. The same gentleman also stated, upon seeing the chordeæ tendineæ attached to the margin of the mitral valve, that there was a valvular insufficiency, because the valve could not properly perform its function since it was tied down. The eclectics smole a smile and the allwise regulars "snuked." Oh! ye knights of the marble slab! who are arrayed upon the eclectic side of the tombstone, dig! dig! and make some new discoveries.

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## EDITORIAL.

**They Come and Go.**—Another volume of the Journal closes with this number, and another year has been added to the dead past. Of its results we can write with some satisfaction and some regret.

We are cognizant of the fact that not all has been accomplished that we hoped for in the beginning, and when we survey the field we find many points where opportunities have been neglected to make this publication what it should be.

But we look forward to the coming year with hopes of a brighter future. We have been promised the aid of a number of new contributors, our facilities for observation are widening, and an increasing interest is being manifested in our Journal in the East. The coming year shall be one of greater effort for excellence, whatever the harvest be.

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**Ceanantha Crocata.**—This agent, a relative of the water hemlock and a powerful narcotic poison in large doses, has some reputation for the relief of epilepsy. Scudder in "Specific Medication" recommends the *ceanantha phellandrium* in irritation of the nerve centers, to afford rest from cough in bronchitis, phthisis, and in asthma.

Dr. Stiles (*New York Medical Times*) reports a case of epilepsy cured with *ceanantha crocata*, as follows:—



October 30, 1883, a gentleman, residing in one of the New Jersey coast towns, brought to us his boy, aged nine years, large-headed, light-complexioned, irritable, and nervous-looking. This child had had "fits" since his second year, thus described by his father: "They occur at night (rarely by day), while asleep, and sometimes two or three in succession in a night; he seldom screams, generally catches his breath, and does not bite his tongue, although he occasionally froths at the mouth. Sometimes he urinates unconsciously; picks his nose, is cross and irritable after his fits. He is smart and active when at play, and quick at his studies. He generally complains of a cold stomach a short time before he has a fit, with a good deal of pain. On retiring, at night, he is very restless, turns and twists much, with, from appearances, a choking sensation. His legs appear very stiff and sore, more especially at or near night, so that he cannot walk without limping. Picks his nose a great deal, sometimes so much that it draws blood."

His father informed us that a year before he had been treated for worms, and had passed one seven inches in length. He had a good appetite, his bowels were regular, and he was growing fast.

Belladonna, hyos., ignatia, silica, and other approved remedies were used, with only the effect of increasing perceptibly the length of the intervals between the convulsions, and rendering them slightly lighter.

December 20—We put him upon silica, 30, each morning, and *cœnantha crocata*, 10, at noon and night.

January 24, 1884—He was reported as "a good deal better—has not had a fit in eleven nights."

February 25—"Has not had a fit in forty-three nights, and seems to be enjoying good health."

April 18—"I think you have cured him. He has not had a fit in nearly four months."

The patient has remained entirely free from his trouble, and in excellent health up to date of present writing.

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**Doctor's Doggerel.**—We admire true poesy, that is, if we are any judge of fine sentiment set in tuneful numbers, but we pray the good Lord to deliver us from much of the doggerel that goes the rounds of the medical press.

Some seem to imagine that all that is necessary to con-



stitute poetry is a jingle at the end of the lines. Almost any one can accomplish this if inclined to waste the time.

One of the eminent productions of doctor's doggerel was published last summer in an Eastern exchange, from the pen of a California *Æsculapian*, entitled, "The Doctor's Prayer." This had been formerly read at our State Association as a gifted production.

If any one who has the files of the CALIFORNIA MEDICAL JOURNAL will take the trouble to look on page 360, of the second volume, he will find the substance of this same "Doctor's Prayer" in prose, copied from a local paper.

When we get around to prayers we shall beseech the Dispenser of mercies to forgive a man who can have the cheek to read a medical journal four years without paying for it when numerouslly dunned, and then convert its contents into doggerel, and palm them off as his own creation.

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**Faradism in Disease.**—In continued fevers the patient becomes worn and restless, in some cases to an extreme degree, and opiates and other hypnotics often fail to afford any relief. Here the practitioner will be put to his wits ends to devise a plan of relief, and this is imperatively demanded that the flagging powers of the system be kept up and the patient tided through.

Even where opiates or other anodynes and hypnotics, as chloral, chloroform, ether, etc., seem to afford relief, it is doubtful if any permanent good, results, and it is quite possible that chances of recovery are often abridged through their influence.

The use of Faradism here will prove a satisfactory means of resort, usually affording prompt benefit, for a time at least, and there can be little or no danger of any untoward influence from it. Soothed by its power, if the patient does not go off into a quiet sleep for a little while, he will at least derive enough benefit to enable him to rest comfortably for a time, the tired, aching sensations in the muscles passing off for a brief season.



We would not think of treating such cases without the aid of electricity, and are confident that the reader if once acquainted with the result would avail himself of it to great advantage many times.

In administering it, the negative should be held to the feet by an assistant while the positive is applied above by the operator. First, let the negative be held to one foot, while the positive is passed a number of times over the entire surface of the corresponding lower extremity, then let the opposite extremity be treated in the same manner. Now the negative should be held against both feet while the trunk and arms are thoroughly stroked with the positive.

It will be found more convenient, where the current does not irritate the operator, to hold the positive sponge in one hand while the patient is stroked with the other—the current thus passing through the arms and chest of the person applying it. The sensation is more grateful than that of a wet sponge. Here, however, it should be recollected that the current having more tissues to traverse should be stronger than in the first instance, that the patient may derive as much influence.

It will be well to repeat these applications twice a day, morning and evening, until the febrile stage passes off, provided they are agreeable to the patient. Whenever they fail to afford a sense of relief they had better be suspended.

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**The New Local Anæsthetic.**—A German medical student, while experimenting with coca, prepared a tincture of the hydrochlorate of cocaine and accidentally receiving some of it in his eye, was surprised to find that the organ became insensible to sensation under its influence. Thus the discovery of a new local anæsthetic.

Continued investigation has demonstrated the hydrochlorate of cocaine to be an anæsthetic of great power, capable, when applied to the eye, ear, and uterus, of be-



numbing the parts so effectually as to permit the performance of important operations without pain.

Such operations as the removal of cataractous lenses, strabismus and iridectomy upon the eye have been successfully performed under its influence, a two-per-cent solution being dropped into the eye three times at intervals during fifteen minutes before commencing the operation.

Dr. Polk reports (*Medical Record*) its use in two operations for lacerated cervix uteri, with favorable results. In the first case the operation was elaborate, necessitating the consumption of about forty minutes time, and the patient felt no pain until during the last ten minutes of the operation, when she described the unpleasantness more as a feeling of soreness than of acute pain.

In the next case the anæsthetic effect passed off in twenty minutes and a second application was made to finish the operation. The patient had previously been operated upon under ether for the same difficulty, and asserted her preference afterward for the local anæsthetic.

In each case the vagina was first washed with a warm water douche, then the cervix, the patulous cervical canal, and the adjoining vaginal walls were carefully washed with castile-soap; this in turn was washed off and the surface carefully dried, when the same surfaces were painted with a four-per-cent solution of the drug with a camel hair pencil. This was repeated twice at intervals of two or three minutes.

Like some other rare drugs, the price of this agent at present is a little exorbitant—fifty cents per grain—but doubtless this drawback will be removed as it becomes more of a staple product, which will be the case if it fulfills what it now promises.

Dr. Bosworth (*Ibid*) has observed that it possesses the power of contracting the venous sinuses about the turbinated bones, thus serving as a means of expelling the blood in turgidity of the erectile tissues of the Schneiderian mem-



brane. He believes it a very desirable remedy in hypertrophy of the nasal mucous membrane and in the congestion which follows colds, and operations for the removal of polypi or hypertrophies, either by instrumental means or caustics. He has also found it efficacious in the treatment of hay fever, as a topical agent, and in epistaxis. A two-per-cent solution was painted on the Schneiderian membrane with a piece of lint dipped in the liquid.

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**Oleum Olivæ.**—Olive oil has a place in our therapeutics, and an important one. In the first place, it is probably the best remedy known in the treatment of biliary calculi as well as being very efficient as an enema in the disposal of those pests, *ascaris vermicularis* or pin-worms.

We administer one or two ounces at a dose two or three times a day, where the disposition to the formation of gall-stones is stubborn, as a preventative, and from four to six ounces may be given with *dioscorea* and *gelseminum* to facilitate the passage of one during its voyage down the duct. Of course, we will recollect that opiates and anæsthetics may need to come in here for a time also.

And now, while the subject is being agitated, it might be well to refer to an import adulteration or substitution that is being made for this agent. We had supposed until recently that the French article might be relied upon if obtained in original packages, but it seems that cotton-seed oil goes to France from our Southern States and comes back labeled olive oil.

If cotton-seed oil answers the purpose we have no objection to it, but if it is the oil of olives we need, we do not wish to be disappointed by the use of a spurious article.

California olives yield a superior quality of oil, it is said, and the genuine article can be obtained without probability of deception. We would advise the home article on these grounds.



**"Too Many Cooks."**—A faculty of eight or ten members, in a medical college, each one to teach a leading branch of medicine, is much to be preferred to one containing fifteen or twenty representatives.

The principal departments of medicine should be presented to the student clearly and concisely, so that there may be no confusion, or at least so that this may be avoided as much as possible; and when two teachers are engaged upon one topic, differences of opinion and plans of teaching give rise to frequent misunderstandings.

Post-graduate schools may possibly employ large faculties to advantage, but in medical colleges, where students are not up in practical medicine so well as to be qualified to discriminate and judge for themselves in points of dispute, opinions of different men should not require any effort upon the part of the student for reconciliation.

Concerning this, Professor Crowley, in a private letter, expresses the following convictions:—

"In the first place, many of our institutions here in the East have from fifteen to twenty, or even more, professors. They have two and three terms of college requirements. Now the week's lectures are divided among these twenty. One man delivers one lecture, another two, and in an extreme case, some one may deliver three lectures. You now understand how the studies are divided. In fact, they are so divided that it is with the greatest difficulty they can be brought together again. As a usual thing, too, medical lecturers' opinions conflict, and that disturbs the student. It would be better for ten good men to lecture four times a week each, than to have twenty, twice per week. It holds the subjects together, and does not confuse. In all of these colleges there are a number of very poor sticks, and instead of doing any special good, they only act as figure-heads, confusing and wasting the students' time. I was talking only last eve upon this subject with a very clever physician who belongs to one of these institutions. He thinks seven good men in a college, doing all of the lecturing, are of more real value than ten good men assisted by ten poor ones, or even twenty good men, from the above reasons."



**Relation of the Suprarenal Capsules to Cutaneous Pigmentation.**—The physiology of the suprarenal capsules is somewhat obscure. Possibly their function, after the prenatal state is not important, but the evident sympathy existing between disturbance of these organs and the deposition of pigment in the skin is interesting.

We believe Dr. Addison was the one to call attention to this point, at least he attracted the notice of the profession to it first, hence the appellation "Addison's Disease," to a form of anæmia, in which the skin becomes excessively pigmented, so much so as to resemble the skin of a mulatto in some instances, and in which the suprarenal capsules are indurated, cancerous, or otherwise diseased.

An Italian pathologist, M. Tizzoni, has, during the past eighteen months, performed a number of interesting experiments on the suprarenal body, which further demonstrate the sympathy between cutaneous pigmentation and disturbance of that part.

These consisted of extirpation of the suprarenal body in rabbits in order to determine the results. Among other interesting facts he found that after a time there commenced to appear a brownish discoloration of the nose, as if the animal had been plunged in charcoal powder after having drank some liquid. Small black lines were also found over the mouth and nasal fossæ. This discoloration increased until extensive areas of bronzed surface appeared on the mucous membranes of those cavities.

Another remarkable fact noticed, was, that destruction of the capsule on one side only, limited the pigmentation to the corresponding side of the body.

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**Principle vs. Lucre.**—It is a lamentable fact that some men enter the medical profession with the sole aim of making it pay in dollars and cents. So far as any ambition to better their intellectual capabilities is concerned, they are as devoid of it or any other desire to rise above the common level as it is possible to be.



Such men are as full of policy as a Jew clothier. They are anything and everything to all men. They are eclectics where eclecticism is popular, homeopaths where homeopathy flourishes, and regular where it is not policy to be an irregular—anything to get a patient and make practice pay.

We respect honest sentiment wherever found, whether it be in a high attenuation homeopathist or in an allopath of the most regular stripe, but we have little respect for one of those soulless picanninies who has no principles of his own—no force of character above a servile adoration for the almighty dollar.

The eclectic who has not the strength of character to withstand the pressure brought to bear upon him by an opposition of greater numbers, lacks the qualifications for a professional career. He should become a yeoman, a holder of the plough, and allow his wife to instruct him how to vote.

A few—we are thankful they are few—eclectics are somewhat of this kidney. They curry favors from every source, lick the feet of allopathy, and toady to all beliefs that their patronages may increase. We have no fault to find with any politic course that does not do violence to manliness, but we want no misunderstanding with eclectics who are so simply for the money there is in it, and are ready to go over to the enemy upon the first opportunity for bettering their finances or lessening opposition or persecution.

The editor of the *Nebraska Medical Journal* tells of a course pursued by certain so-called eclectics in that vicinity who have advised their students to go into the allopathic section of the State University, in order to be popular with the allopaths, then practice eclecticism (as though that were possible), after getting through.

If there is anything that will allow a man to respect himself in this world, it is adherence to principle. If he have no principles he is a nothing. If he have and deserts them, he is next to a nothing if he does not forever despise himself.



**Which Horn of the Dilemma?**—Once in the affairs of men it became necessary to furnish a class for a certain new medical college, which here shall forevermore be nameless, and in casting about for material, it is said that certain ardent seekers for diplomas were beguiled with promises of graduation upon one course, even when the requirements called for three years, and said students had already attended barely one.

Not only was it said that this was thusly, but special envoys were dispatched across the waters of a certain nameless bay, to the students of another certain nameless institution, with soft and blandly tempting offers to other one-course students. "It would save them so much time and be so much of an honor," you know.

But eclectic students are not all gudgeons to nibble at attenuated baits, so the mighty honor was not universally accepted.

And now it seems that the old adage, "There's many a slip," has again been illustrated. Somebody has made a mistake, for the hour of conferring diplomas has passed and certain of the seven wise virgins, even though their lamps were trimmed and burning, failed to enter at the marriage feast.

Of course we are sorry for this, and probably there are others who are considerably more so, but what interests us most is, Does the dean of said institution make promises to break them, or has he been misrepresented by designing enemies?

We would be pleased to learn upon which horn of the dilemma the crawfish dangles.

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**Muscular Pain.**—One of the most common concomitants of disease is muscular pain. Whenever the malady be of acute character, aching of the muscles is liable to be a prominent symptom.

Cimicifuga has been a standby for years for this condition



sometimes *caulophyllum*, sometimes *hydrastis canadensis*. But the most positive agent we have recently employed is the *eucalyptus*.

Probably no agent known exerts a more positive influence in the continued fevers of this coast in relieving the pains so common to them as this. If we are mistaken, then the present season is an exception.

The remedy is so abundant here that one can easily prepare his own tincture. Select the long narrow leaves, bruise them, and cover with alcohol. Pour off when needed, after a couple of weeks. Ten drops constitute a dose.

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**Sepia in Uterine Affections.**—We desire to call the attention of our readers to the value of *sepia* in morbid conditions of the uterus the second time.

Some may suppose that we are losing sight of the old-time eclectic remedies because we do not refer to them oftener in the Journal, but what we want is something enabling us to advance. Our indigenous materia medica is a valuable one, and specific medication, if we choose to call the special indications for drugs offered by Scudder such, affords many valuable hints for the treatment of disease. We avail ourselves of these and also of all other rational measures.

*Sepia* is the remedy in chronic congestive conditions of the uterus, attended by sense of increased weight. When the patient complains of a bearing down sensation and the uterine supports are intact, *sepia* should be the first remedy thought of. It seems to exert a positive influence upon the part, strengthening dilated vessels and restoring normal circulation.

It also has some reputation in the unpleasant symptoms attending the climacteric in many individuals, probably reflexes from the condition described above.

Its influence also extends to the vagina, in a greater or less degree, neuralgic pains in the part being relieved by its



use, and in the sensitive state where coition is painful, it is one of the best remedies known.

The third decimal may be used, but the fourth or sixth will do as well.

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**Is This the Nineteenth Century?**—We are impelled to respectfully make the above inquiry from the perusal of an account of a poisoning case in Toronto, Canada, where a professor of materia medica testified as an expert. In fact the entire medical force which figured before the court seemed a little befogged over a drug now widely known even to allopathy.

A woman, being out of health, sent her son to a drug store for a package of rue, and received a package labeled yellow jessamine, from the clerk, who informed the boy that it was the same thing as rue, simply under another name. The contents of the package were steeped and the decoction drank, and the woman shortly afterwards died, whereupon the drug clerk was arraigned upon charge of manslaughter.

At the trial a number of medical witnesses testified that yellow jessamine was not generally known to the medical profession. Dr. Kennedy said he had lectured on materia medica at Trinity Medical College for the last five years, but had never mentioned yellow jessamine in his lectures. Verily the Toronto medical faculty should be enlightened on the therapeutical properties of gelseminum.

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**To Which We Say "Amen."**—Mrs. Whitney favors us with an occasional article which we are glad to publish. We would be happy with her to hear from more of our graduates. Surely they are having experience that would be interesting to our readers. Let your light shine.

Though not intended for publication, we print the following note from Mrs. Whitney which accompanied a recent communication, to which we have already said, "So mote it be."



"CHENEY, W. T., Nov. 12, 1884.

"PROFESSOR WEBSTER:—As I progress in writing I do not gain in self-esteem. Please do with the inclosed article as you see fit. How I wish the other graduates of the California Medical College would give their experience through the Journal, I should enjoy hearing from them in that way so much.

Respectfully,

M. H. W."

**The State Society.**—The next annual session occurs the 9th of December, 1884. Below we reprint the announcement of the president to that effect, with programme of proceedings.

SAN FRANCISCO, NOV. 25, 1884.

*To the Eclectic Physicians of California:*

The Annual Session of the Eclectic Medical Society, State of California, will occur Tuesday, December 9th, at Y. M. C. A. Hall, 232 Sutter Street, San Francisco, at 12 M.

Every member of the society is earnestly requested to be present, as business of importance and interest to all will be discussed. All liberal non-sectarian physicians are especially invited. This is an age of eclecticism in literature, philosophy and science. As medical investigators we do not wish to destroy the work of the past, nor accept that of the present unquestioned. Prove all things, hold fast to that which is good, is our motto; for ideas however venerable by age we have no respect unless they stand the test of physiological demonstration and clinical experiment. Our earnest endeavors are to build a society whose foundation stone is *Truth*. It is expected that a large number will avail themselves of this occasion to become members of this society.

The following have been appointed to prepare papers:—

1. *Practice of Medicine and Materia Medica*—Drs. H. T. Webster, W. S. Clark, C. C. Mason.
2. *Anatomy, Surgery, and Physiology*—Drs. G. G. Gere, J. L. Berry, J. S. Coleman.
3. *Obstetrics and Diseases of Women*—Drs. D. Maclean, M. F. Clayton, E. J. Martin.
4. *Chemistry and Medical Jurisprudence*—Drs. M. H. Logan, A. S. Cook, G. W. Stout.
5. *Diseases of Children*—Drs. O. P. Warren, J. P. Webb, J. P. Bakesto.



6. *Diseases of the Brain and Nervous System*—Drs. M. Herzstein, W. S. Clark, D. Maclean.

7. *Diseases of the Eye, Ear, and Throat*—Drs. F. Cornwall, J. A. McKee, M. H. Logan.

Committees were appointed to investigate the following remedies.

1. *Thymol*—Drs. M. H. Logan, D. D. Crowley, J. L. Berry.

2. *Eucalyptus*—Drs. G. G. Gere, J. S. Coleman, G. W. Stout.

3. *Calcarea Carb.*—Drs. D. Maclean, A. S. Cook.

4. *Nitrite of Amyl*—Drs. W. C. M. C. Harding, M. F. Clayton, J. P. Schmitz.

5. *Avena Sativæ*—Drs. J. P. Schmitz, J. P. Webb, A. S. Cook, H. T. Webster.

#### PRIZE ESSAY, GRINDELIA ROBUSTA.

Each member is expected to contribute a paper, or report a case of interest. Let every one come prepared to do their share, and we shall have a meeting that will be not only creditable to the society, but calculated to do a vast amount of good to eclectic medicine.

Any one knowing of business changes or removals of members, or other eclectic physicians of this State will please report the same to the secretary.

The proposition to change the time of meeting from December to April will come up for consideration.

*by order of the President,*

J. C. STOUT, M. D.,

*San Jose, Cal.*

M. H. LOGAN, M. D.,

*Recording Secretary,*

204 Sutter St., San Francisco.

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**Two Honorable Exceptions.**—We desire to return thanks publicly to Drs. Cornwall and Crowley, as members of the Faculty of California Medical College, for contributions to the Journal during the past year.



## NOTES.

MRS. DR. WEBB is convalescing rapidly, at this time of writing, after seven weeks of prostration.

RESORCIN is highly recommended as a local remedy in laryngeal ulcerations to stimulate the growth of new epithelium and facilitate the healing process. It is also recommended in hyperplasias of the part.

ONE drachm each of camphor and chloral to an ounce of oleic acid, thoroughly combined, constitutes a valuable agent in diseases attended by troublesome itching, as puritis ani eczema, etc.

PROFESSOR TESTA (*Medical Record*) has observed beneficial results to follow the protracted use of iodoform in organic disease of the heart. He gave the drug in pill form every two hours, to the amount of a grain a day. He believes it to diminish the number of heart beats and increase the arterial tension.

WE recently stumbled on the following wee squib for the coming "Encyclopedia of Medical Humor." A very intelligent young woman, but a foreigner, whom we were attending during labor, during the early stage was describing the condition of a man who had been stabbed in the abdomen. "The doctor took his *intesticles* out and put them back and sewed him up," she said, "but still he was no better and would probably die."

THE DANGER FROM CHINESE LEPERS.—"Since the foundation of the State of California, thirty-five years ago, Chinese immigration has gone on, with the introduction of occasional cases of leprosy, and in all those years, comprising more than a third of a century, only one doubtful case of leprosy has been found to prove the risk of the disease extending to the white population. The subject has more than once been considered by the State Board of Health, and not a solitary instance has been reported from any part of the State." It is interesting to compare this statement with the history of leprosy in the Sandwich Islands, where the disease has spread so disastrously.—*Medical Record*.

THE FIRST MANUFACTURER OF PEPSIN.—At the meeting of the American Pharmacological Association at Milwaukee, last week, Mr. Henry Biroth, of Chicago, exhibited



several bottles of a preparation called "pepsan," which he believed to be of historical interest. The preparation, he said, was put up in 1853 by one Eben Owen, of Chautauqua County, New York. Owen lived the life of a hermit, and was generally spoken of as "Crazy Owen." When he died his cabin was found to contain several packing cases, filled with bottles of the preparation which he called "pepsan," and which he had put up himself. Accompanying the stuff were printed circulars quaintly worded as follows:

Pepsan, for the cure of dyspepsia, jaundice, liver complaint, together with all diseases arising from a disorganization of the stomach. This, I believe, is the gastric juices of the stomach of the ox producing the gastric juice required by man to digest his food. Prepared by Eben Owen; by no other, I believe, in this world. Directions for using: Take a small half-teaspoonful fifteen minutes before eating in a half gill of cold water. My advice is to eat light suppers. This is got up under prayer, and will do good I believe.

EBEN OWEN.

April 25th.

Mr. Biroth stated that the so-called "pepsan" was what is now known as "pepsin," and intimated that the valuable aid to digestion now known and used by dyspeptics the world over was originally discovered and manufactured by "Crazy Owen."—*Medical Record*.

## BOOK NOTICES.

DISEASE IN CHILDREN—By Eustace Smith, M. D., Fellow of the Royal College of Physicians; Physician to His Majesty the king of the Belgians; Physician to the East London Children's Hospital, etc., etc. Published by Wm. Wood & Co., 56 and 58 Lafayette Place, New York; Bancroft & Co., San Francisco.

This work written by the author for Messrs. Wood & Co., is a handsome volume of over eight hundred pages by an author of extensive experience upon the subject treated, and an effort has been made to touch upon all forms of disease liable to be influenced by immaturity of years. As a work for reference in diagnosis, it will afford many valuable hints. The treatment is not elaborate, and we would regard it not only as common place, but rather behind the day in numerous instances. Again, the author evinces familiarity with the most approved modern means of treatment. Probably where the physician desires an old school work for reference upon the subject, and it is well enough to have one, this will be as good as the best, and it is considered as emanating from an authoritative source.



A MANUAL OF OBSTETRICS—By Edward L. Partridge, M. D., Professor of Obstetrics, New York, Post Graduate School, etc. etc. Sixty illustrations. Published by Wm. Wood & Co., New York; Bancroft & Co., San Francisco.

A twelve-mo. volume of about three hundred pages containing a treatise on obstetrics, in a condensed form very convenient for the medical student.

COURIER REVIEW CALL BOOK. Arranged and prepared by E. M. Nelson, M. D., Editor *St. Louis Courier of Medicine*. Published by J. H. Chambers & Co., St. Louis, Missouri.

A well arranged and useful physician's visiting list. A little large for a small pocket, but roomy enough to be convenient and handsome.

EXPLANATION OF THE PATHOLOGY AND THERAPEUTICS OF THE DISEASES OF THE NERVE CENTERS ESPECIALLY EPILEPSY. By J. Mc.F. Gaston, M. D., Atlanta, Georgia.

From advanced sheets of transactions of the Georgia Medical Association for 1884.

TRANSACTIONS OF THE MICHIGAN STATE SOCIETY FOR THE YEAR 1884.

This publication contains a number of valuable papers.

## SELECTIONS.

### HISTORY OF A CASE OF FISTULA IN ANO ACCOMPANIED WITH INCONTINENCE OF URINE OF SEVERAL YEARS STANDING.

BY MORRIS H. HENRY, M. A., M. D., LL.D.

LATE SURGEON-IN-CHIEF OF THE NEW YORK STATE EMIGRANT HOSPITAL.

I BELIEVE in the records of clinical contributions that speak for themselves, written in such a way that they need little or no commentary to explain their meaning or add to their interest.

Case.—Mrs. —, about thirty years of age, married about ten years, in affluent circumstances, has children, is of full habit and to all outward appearance perfectly healthy. I was called to her by the advice of her medical attendant, at her summer home, some distance from New York, in June, 1883. She had been under the special care of a New York physician during the summer of 1882, who made his home at a hotel in the immediate vicinity of her then country residence, but a short distance from New York. His "specialty" was diseases of women, and he was selected to attend her on that account. He made what he



termed a "careful and thorough examination, and discovered an inflammation and ulceration of the os and cervix uteri, which accounted for all her distress and annoyances." Her main suffering, from her own account, was an intensely irritable condition of the bladder, constant desire to micturate, and severe pain in the rectum at every fecal discharge. This had existed for more than ten years. She remained under the care of the gynecologist during the year 1881 without deriving much benefit. He was retained as her medical adviser, and was with her during her confinement, in the spring of 1882, with her fourth child. She made a good recovery from the birth of the child, but she still suffered from distress in the region of the rectum and the unceasing annoyance of incontinence of urine.

Such is the history of the case, in brief, afforded me June 26, 1883, when I was called to attend her. The local physician did all in his power to relieve her of pain until my arrival. She complained of a severe and intense throbbing pain in the region of the rectum, which had been steadily increasing during the past four days. The incontinence of urine had increased—she had, in fact, no control over the bladder. She had had no passage from the bowels for three days, and was averse to making any effort from fear of an increase of pain. The recent death of her father from fistula in ano and perineal abscesses added to her mental anxiety and suffering.

On examination I found a circumscribed, deep-seated inflammation, about three inches in diameter, on the left side of the rectum, the external border close in and involving the external sphincter of the rectum. There was a little oozing from the center of the inflamed mass. I made a free incision and relieved her of about four ounces of pus. With the aid of a Sims speculum and a probe I discovered two fistulous openings in the rectum, one extending about two inches upward from the border of the anus, and the second not quite as far, both communicating with and terminating in the external abscess. By inserting a probe in each track the letter V was described, with the pointed end in the abscess. In deference to her wishes, owing to the appearance that morning of her menses, there was no further surgical interference that day. The wound was dressed with warm fomentations and the bowels relieved with mild enema. She was freed from the acute pain and the incontinence was lessened.



July 10, 1883, assisted by the local physician, who administered a little chloroform, I laid open the two fistulous tracks, cleansed the parts with a solution of labarraque, and dressed the wound with iodoform and vaseline. As soon as she had recovered from the effects of the chloroform—about three hours after the operation—ten grains of quinine and half a drachm of tincture of hyoscyamus were administered. A few hours of refreshing sleep soon followed. For the first time in many years she was able to retain her water many hours. The irritable condition of the bladder had ceased. The wound was dressed twice daily in the usual manner to induce healing from the lower surfaces.

July 17th.—The wound had entirely healed within the rectum, and a few days later it had done so along its whole course. There were no more painful or abnormal sensations about the rectum. The bowels yielded to gentle enema, and there was no longer any incontinence. I heard from her a few days ago—October, 1884. She was perfectly well.

I have now only to add that I believe this is not an isolated case. I record it with the hope of attracting attention to diseases of the rectum as a fruitful source of “diseases of the bladder and uterus” due to reflex causes. I have no doubt there are many persons suffering in a similar manner, without identification of the nature of the disease on the part of medical attendants.—*Medical Record*.

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### THE OFFICE OF CORONER.

THE office of coroner is largely a relic of ignorance. It dates from a time when medical ideas were mostly superstitions and the medical profession wholly unorganized and irresponsible. Those days were days of violence, and it was natural that a summary process of ascertaining the cause of death, similar to that of ascertaining the guilt of a criminal, should be in vogue. These features of society have happily passed away, and with them the necessity for coroner's inquests; but, like many other institutions inherited from the past, we carry them still, because there is no active party to agitate for reform. Every now and then the community wakes up to the actual or possible abuses of the coroner's office. A recent case has attracted much attention. A thoroughly responsible apothecary has been placed under a



criminal charge by a deputy-coroner. The circumstances under which the verdict was rendered show in clear light the manner in which coroner's verdicts are secured. There is nothing new in the method. It has been in use for years. To put men on the jury, and give them all or a part of the fee which the law allows for this service, has been a recognized method by which the incumbent has rewarded the hundreds of ward and division workers to whom he owes his nomination and election. There can be no independent or rational judgment in such case; and for all the good that is done, the coroner might as well be allowed to render the verdict himself.

The citizens of Philadelphia ought to bestir themselves in the matter of abolishing this office. For years it has been of no value as a protection to the community. A few physicians, selected from different parts of the city, could act just as well in determining the cause of death as the present expensive and often corrupt machinery. For some years the city has suffered from the notion that the coroner ought to be a physician. This prevailed through three terms of office, when the succession was broken. It is to be feared that one outcome of the present dispute will be a revival of this theory.

The office needs a complete reformation, breaking up its old forms and ceremonies, and abolition of its fee system. The injustice of the present case is seen more clearly, because it has been prominently agitated, but the office has been not infrequently responsible for just such wrongs. In several cases which did not come to prominent public attention, respectable and responsible physicians have been held on criminal charges, without any justification, when it was plainly evident that there was no criminal intent. In this way, during the term of a former coroner, a practitioner was put to an expense of over five hundred dollars, on an unexpected construction of law, the verdict being as valuable as a legal interpretation as the recent one is.—*The Polyclinic*.

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NOTICE.—Prof. Gere wishes to obtain the May number of Volume I, to complete his files of this Journal. He offers in exchange a bound copy of Volume II. Address, G. G. Gere, M. D., 120 Post St., San Francisco.



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MEDICAL LEGISLATION.

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DR. JOSEPH EASTMAN, professor of medical and surgical diseases of women and of clinical surgery in the Central College of Physicians and Surgeons, Indianapolis, writes us that the medical teachers of Indianapolis are in favor of the medical bill to be proposed to the next legislature of Indiana. Of this we are glad to be assured. If the Doctor means that he and the teaching fraternity of Indianapolis favor the separation of medical teaching and the licensing power, we are specially pleased. The Doctor closes his letter as follows: "More honorable practices to obtain students are nowhere known to me than in Indiana; and with the single exception of myself, no better *brains* stand behind the teacher's desk."

From intimate personal knowledge we know this to be true—all but the exception of himself which the Doctor modestly makes; we know him to be a most skillful and dexterous operator, a profound anatomist and a good teacher. And now that he leads us to infer that he favors the separation of teaching and the licensing power, our admiration for him is greater than ever.

The term "cheap John" in the communication published in the August *World* was not intended to apply in any sense to the Indianapolis colleges. Every one that has the intimate acquaintance with them that we have knows that they are the very reverse of this. But that there are "cheap John" medical institutions all over the country cannot be denied; and the way to get rid of them is to separate teaching and the licensing power. This is the question at issue, and we wish that Prof. Eastman had been a little more explicit in regard to it. Good medical colleges need not fear such a law—they ought to favor it. Inferior colleges will fear it and fight it. When the quality of their teaching is tested, its defects will become manifest. Those colleges whose students cannot pass the required examinations will soon have no students to teach and will have to close their doors; while those colleges that do the best teaching will have the greatest number of students. This is very plain; and ought, we think, to lead the better colleges to unite with the better elements of the profession to secure such laws in the various States. It is with great pleasure indeed that we think of our friends, the teaching fraternity of Indianapolis, being in accord with us in this matter.—*Medical World*.



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**PROSTATIC HYPERTROPHY AND URINARY OBSTRUCTIONS,—ITS TREATMENT WITHOUT CATHETERISM.**

BY A. B. PALMER, M. D., LL.D., ANN ARBOR.

THE subject of enlargement of the prostate gland and the method of its management is of much interest to the profession, and in fact to every man who is approaching the period of the "grand climacteric," or who expects to reach advanced life.

Of late more than the usual attention has been given to this subject, especially in England, several articles having appeared in the journals discussing its pathology, and particularly the advantages and dangers of catheterism in its treatment.

The obstruction of the urethra and at the neck of the bladder, preventing the complete emptying of that viscus, and its consequent irritation, inflammation, and hypertrophy, disease often extending to the kidneys, and the decomposition of the urine tending to the formation of calculi, the extreme suffering so often entailed, the uræmic poisoning which sometimes occurs, and a whole train of morbid processes, are familiar to all medical practitioners of much experience.

The means of preventing prostatic irritation and enlargement, and of reducing these conditions when they exist, are worthy of careful study; but all these means are more or less uncertain in their effects, and their consideration is not the subject of this paper. Its object is to call attention to the mechanical means of alleviating their consequences. It should be mentioned, however, that anything which will relieve the irritation of the bladder will tend to prevent irritation and further enlargement of the prostate.

The usual remedy recommended for preventing the severer consequences of this enlargement is the use of the catheter. The early and persevering use of this instrument, securing the daily complete evacuation of the bladder, so soon as that is not spontaneously accomplished, is advised; and Sir Benjamin Brodie, Sir Henry Thompson, and other authorities in this specialty, speak of the "catheter period" as one which is inevitable in the advanced life of many men. This signifies that when this period comes the catheter must ever after be the companion of the sufferer,



and will be likely to be brought into daily or more frequent requisition.

With many persons this use of the catheter may be practiced with impunity, and in the absence of other methods, or in case of their failure, with great benefit. Indeed, in some cases the use of the catheter is essential to the saving of life. But those most strenuous in advising its early and habitual use admit its dangers—that it frequently produces more or less shock and irritation, and occasionally very severe and even fatal consequences.

Sir Andrew Clark, in a recent address as president of the "Medical Society of London," has called special attention to what he calls the "catheter fever," and I have lately seen several cases in the University Hospital where the introduction of the catheter has been followed by marked symptoms, and in two of the cases by quite severe effects.

Most of the cases of catheter irritation, or catheter fever, or urethral fever, or irritation, as variously called, though attended with marked depression and suffering, are comparatively mild, the symptoms subsiding in from one to a few days; but in other cases the symptoms are not only severe but protracted, or sometimes almost mysteriously result in speedy death, while in other cases the evidences and consequences of pyæmia are present.

This peculiar affection which may follow either occasional or habitual catheterization, has been recognized by some members of the profession since the beginning of this century; but the severer forms were more fully and particularly described by Velpeau under the name of purulent urethritis, were admitted to occasionally occur by Civiale, were mentioned emphatically by Sir Benjamin Brodie, were described more in detail still in the different varieties by Marx, and later by Sir Henry Thompson, Sir Joseph Fayrer, and various other recent writers.

Sir Andrew Clark, in the address before referred to, stated that the late very acute and observing Mr. Syme, of Edinburgh, recognizing the danger to the nervous system from catheterism, invariably gave a dose of opium to his patients when obliged to perform the operation in order to avert, as far as possible, these irritating effects.

Catheterism is not only attended by these dangers, but to many the idea and practice are so exceedingly disagreeable that, with a knowledge of the consequences from its



neglect, they will suffer most severely rather than submit to it. I have in my mind two eminent members of our profession in this country, one a very prominent surgeon, far from being averse to surgical proceedings generally, both of whom were afflicted with enlarged prostate and associated disuses of the urinary organs, ultimately proving fatal, who persistently refused to allow the introduction of a catheter or sound, though strongly indicated and urged by their professional advisers.

From these statements it is apparent that if any remedy exists or can be devised for relieving the obstruction to the free and complete evacuation of the bladder, and thus preventing all the distressing and dangerous consequences dependent upon such obstruction without resort to the catheter, it must be regarded as a boon to the *declining*, if not to the rising generation of men.

A very simple and, in at least a very large proportion of cases, a very effectual means for accomplishing this object, is within our reach. It consists in dilatation of the urinary passage by a kind of *hydrostatic pressure*. This is effected in the following manner: The urethra is filled with urine as in an effort at micturition. The penis is then grasped between the thumb and fingers of the patient near the glands, and sufficient pressure is made upon the urethra to resist the flow, and then by straining as in an attempt to forcibly empty the bladder, the distension of the urethra is produced. This distending pressure is gentle, steady, diffused, and painless, and may be applied and sustained at will, and in a majority of cases, if daily repeated for a time and afterwards only occasionally, and if it is done thoroughly, and especially if commenced at an early period of obstruction, it will overcome this form of stricture effectually and without irritation and danger. It will in time and generally soon, be followed by the power of more completely emptying the bladder, and with a fair, often a full stream.

This simple procedure commends itself to common sense when mentioned, and it is a wonder that it has not been thought of and tried by those engaged in dealing with these cases.

However plausible this procedure appears on theoretical and simple mechanical principles, its claims to attention are not based on theory alone. Within my practice and obser-



vation it has stood the test of the experience of fifteen years.

Numerous cases could be given in illustration of its efficacy, but I will mention in detail only one as an example of many others.

In 1868 a man aged 52 was under my care and treatment, presenting the following history: He had an active but not physically laborious occupation, of temperate habits, and usually enjoyed good general health. His family history showed that he was the youngest of four brothers. His father, a temperate and otherwise healthy man, suffered for several years and up to the time of his death (which occurred at the age of 56, and when my patient was nine years old) with what the country people called the *gravel*. According to the account which had been handed down, he had great difficulty in passing water, with much distress, often with severe pain and straining, and always, in later life, in a small or dribbling stream, or in drops. He had repeated attacks toward the last of terrific pain in one side of the abdomen and groin, which was pronounced fits of gravel, doubtless renal colic, and these attacks were accompanied often by hæmaturia, and followed by discharges of gravelly material. After several years of suffering in this way, he succumbed to an attack of what was probably acute cystitis, and perhaps pyelitis; and as he was in a comatose state for two or three days before death, there was probably uræmic poisoning.

Two of the brothers of my patient suffered severely from enlargement of the prostate gland and its consequences, one dying about the age of sixty, from inflammation of the bladder and kidneys, and on post mortem examination a calculus was found in the bladder. There was, therefore, a strong family disposition to this form of disease.

My patient, when about 28, had an attack of renal colic, and the next day passed by the urethra an angular calculus a little larger than a kernel of wheat, but its composition was not determined. From that period there was occasional irritability of the bladder, but no serious trouble occurred until about eight years later, when he suffered from an attack of acute cystitis, the inflammation extending to the associated organs, involving particularly the prostate gland.

This illness continued several weeks; and ever after, up to



1868, when he was placed under this special method of treatment, there had been gradually increasing obstruction to the passage of urine. The flow was always in a small stream, often broken and sometimes only in drops; it was accompanied with straining and often severe tenesmus, and the bladder was seldom, if at any time, completely emptied.

The "catheter period" had certainly fully arrived with him, and several practitioners previously consulted had strongly advised the use of the instrument.

For several years previous to this, indulgence in spices of any kind, or even in a cup of coffee, or being exposed to cold, would increase the irritation, causing more frequent, more difficult, and more painful micturition. He felt that his condition had become serious and really dangerous, but his aversion to the use of the catheter had prevented his following the advice to commence it.

About this time I had seen in some medical journal a short paragraph suggesting the mode of distending the urethra described. I regret that I am unable to give credit to the author of the suggestion or to name the journal in which it was seen. It was read, as many other paragraphs are, without making a strong impression at the time; but on reflection the idea seemed so rational I determined to give the method a trial. The patient, in his anxiety for relief, readily assented to a trial, and carried out a faithful use of the means. It was practiced daily with speedy improvement, and though some irritability of the bladder continued, and its muscular coat was hypertrophied from previous excessive contractions in straining to micturate, the urine was in a few weeks passed in a fair stream and the bladder was apparently completely emptied.

This patient up to the present time, some sixteen years, has remained in comparative comfort, though the walls of the bladder are still hypertrophied, and its capacity is not as great as before the prostatic enlargement began. He commonly rests all night without urinating, and generally retains the urine for three or four hours at a time during the day. He sometimes has a sense of fullness in the region of the prostate, but is in the enjoyment of good health, and is more vigorous than most men at his period of life; and with great confidence he attributes his comfort



and even the saving of his life, to this simple device. Something is to be attributed to his avoidance of irritating ingesta, and to the rather free use of milk in his diet; but his difficulties came on under the same general habits of living, and his father and brothers were temperate men, very seldom indulging in any form of alcoholics; but the family tendency was so strong that their temperate habits did not protect them from the severest consequences of this painful affection. If this case stood alone, though so striking in itself as to seem to justify this full relation, or if there were but few others within my knowledge, the efficacy of this method of treatment as a substitute for catheterization might not be established in my own mind. But this, taken with many others, some in much more advanced stages, justifies with me the most favorable conclusions as to its efficacy and value.

In one case in which I was consulted where there was failure to introduce the catheter, and where the bladder was repeatedly emptied through the abdominal walls by the aspirator, when after some exposure greater difficulties than usual came on, the patient under this treatment has gone on for some years in comparative comfort, passing his urine with tolerable freedom and without such attacks of complete obstruction as he had before repeatedly experienced.

From what I regard as sufficient experience I feel the utmost confidence in commending this plan of management in obstruction from enlargement of the prostate gland to the profession, believing it will in very many cases prevent the necessity of catheterism with all its disagreeableness and dangers. Resorted to early, as soon as any difficulty is experienced in micturition, or as the stream becomes small or broken, it will usually prevent the consequences so common with old men, and save a great amount of suffering.

It is more than possible that the foregoing account of the efficacy of this simple method of treatment will be thought to be an exaggeration, and it may seem reasonable to suppose that, if capable of producing such results, it would have been long known and universally practiced; but no one has a right to deny its efficacy until he knows that the plan has been faithfully and perseveringly tried in numerous cases, and has been found to fail. If it is half



as efficacious as claimed, its importance will at once be appreciated, and no apology will be needed for the time occupied in the presentation of the subject.—*Transactions of the Michigan State Medical Society.*

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## ON THE NERVOUS ORIGIN OF SOME DISORDERS OF THE ALIMENTARY CANAL.\*

BY LEONARD WEBER, M. D., NEW YORK.

THE following observations on the often misunderstood disturbances of the gastro-intestinal tract of nervous origin will contain nothing new to those familiar with the diseases of the nervous system, but will be of interest to the practitioner, I believe. As to the theory of these affections, it must be remembered that Leube, in an article entitled "Dyspepsia Nervosa" (*Deutsche Zeitsch. für Klin. Med.*), thought the latter to be peripheral neurosis of the stomach, affecting the central nervous system by reflex only. It cannot be denied that such cases may occur, but they are certainly very rare.

I believe, with Beard, F. Richter, Möbius, Leyden, Burkart, and others, that nervous dyspepsia, etc., is not of local origin, but a symptom of general neurosis, particularly of cerebro-spinal neurasthenia. Organic diseases of the nerve-centers may also reflect severely upon the functions of the stomach, when the pneumogastric center or the cervical portion of the cord or the abdominal ganglia of the sympathetic have become the seat of lesions.

Between twenty and thirty per cent. of patients with organic nervous disease have gastric or intestinal disturbances. Periodic vomiting and retching—crises gastriques of Charcot—often constitute prominent and early symptoms of typical tabes, but they have been observed also in subacute myelitis, disseminated sclerosis, and progressive paralysis. But similar paroxysms of severe retching and vomiting, associated with violent gastric pain, great tenderness in the epigastrium, and the impossibility to retain food, lasting for two weeks and more, simulating gastritis or ulcer, and presenting considerable difficulties of diagnosis, have been observed occasionally independent of anatomical changes in the stom-

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\*Read at the meeting of the New York Neurological Society, October 7, 1884.



ach or central nervous system. Leyden, in an article on "Periodical Vomiting and Gastralgia," published in the *Deutsche Zeitsch. für Klin. Med.*, iv., 4, p. 605, 1882, reports four cases, one of them, in a man of forty years of age, coming on after protracted mental overwork, and ending fatally. I have had two well-marked cases of the kind under my charge, both concerning young women, in the etiology of which menstrual disturbances played an important part. Ice applications, morphine injections, and the blandest possible diet failed to bring relief. But after raising a blister over the stomach, putting neither food nor drink into it, and supporting the patients by rectal alimentation for some days, improvement and final recovery took place. Constipation and diarrhea, hyperæsthesia and neuralgia of the stomach are quite frequent in neurotic females, particularly when they have uterine trouble. In neurasthenic men, diarrhea, quite independent of catarrh or other local causes, is not very rare. An interesting and obstinate case of periodical attacks of nervous diarrhea has been under my observation for some years. F. S——, about forty years of age, a merchant, the father of healthy children, of strong constitution, excessively nervous, showed the first symptoms of the disorder eight years ago, while engaged in active and difficult business. He has been carefully examined by myself and others, and had the counsel of eminent specialists. But no one has arrived at an anatomical diagnosis in his case; a nervous origin of it is almost certain, the more so as his father, who is still alive, has been suffering from the same trouble for many years.

Various modes of treatment have given but temporary relief, the attacks growing rather more severe and persistent as time goes on, and are frequently complicated by vomiting and gastralgia. Having found that he can make himself more comfortable by morphia than by any other remedy, the patient has of late become somewhat of a morphine-eater. The rather frequent and more readily tractable forms of nervous dyspepsia, etc., we may designate, with R. Burkart, as gastric neurasthenia. The difficulties and discomforts experienced while digestion goes on, constitute the principal complaint in these cases. All other intercurrent symptoms depend upon the exacerbation and remission of the former.

Such other cerebro-spinal symptoms are headache, ver-



tigo, cardiac palpitation, backache, depression of spirits, disturbed sleep, etc. This array of symptoms gives us a clinical picture quite different from the symptomatology of catarrh, carcinoma, or gastric ulcer.

There is often a sensation of fullness and pressure in the epigastric region, frequent eructation, occasional vomiting, tympanites, and flatulency. Sometimes there is anorexia, and again ravenous appetite; bowels generally irregular, alternately loose and constipated.

R. Burkart, in an excellent monograph on "Neurasthenia Gastrica," Bonn, 1882, describes a new symptom, *i. e.*, hyperæsthesia of the abdominal ganglia of the sympathetic. He has found it in almost all his cases of neurasthenia gastrica, and mentions three localities for examining for the tender ganglia: 1. Plexus hypogastricus. The patient being in a horizontal position, pressure is made with two fingers of both hands in the median line, below the umbilicus and a little above a line that would connect the spin. oss. ilei, perpendicularly downward against the vertebral column. In neurasthenia gastrica we shall find in this way an exquisitely tender spot, from which painful sensations will radiate downward and particularly upward. A feeling of oppression will sometimes come over the patient while the pressure lasts. 2. Plexus coeliacus; but pressure over that discloses less hyperæsthesia, and reflex symptoms are absent. 3. Plexus aorticus may also be the seat of hyperæsthesia. Per contra, he has not found any hyperæsthesia of the above ganglia in neurasthenia without gastric symptoms, nor in cases of anatomical disease of the gastric intestinal tract.

The disproportion between the objective signs and the numerous complaints is quite characteristic, and the discomfort is sometimes greater when the stomach is empty than when it is full. While diet has no great influence, emotion, worry, and excitement, and intellectual or physical overwork have so much the more in precipitating an attack. The condition of the patient is variable; there are periods of great distress, followed by partial or complete well-being.

The morbid influences most potent in producing gastric neurasthenia are, acute diseases, intellectual overwork, great emotion and excitement, hereditary neuroses, and the various sins of civilized life. The prognosis of this class of cases is generally favorable. Therapeutically they need generous quantities of nutritious food, good air, and particularly



mountain air, and ought to follow a suitable *régime* in sexual indulgence, and in mental and physical occupation. Bitter waters and saline purgatives in general are contraindicated, according to my experience. The waters of Saratoga, Carlsbad, and similar places do harm, and the more so, the stricter the diet that has been observed while using them. I have seen patients of that class come back from Carlsbad worse than they were before they went. Hydrotherapeutics in the shape of tepid half-baths with cold affusions, or the wet sheet with friction of the whole surface of the body, are often of service, and so is massage, generally and gently applied. Galvanism applied every other morning to head, spine, or sympathetic, according to the indications of the case, is frequently of good influence. Of drugs I am in the habit of prescribing small doses of an acid solution of the comp. hypophosphites between meals, more than anything else. They are generally well borne by the stomach, and I consider them a good tonic for a neurasthenic person. —*The Medical Record*.

A HIGHLY INTERESTING RECORD.—In the village of C. near Weimar, where for many years no case of tubercular phthisis had taken place, two years ago several families suddenly discovered one of their members to be suffering from the disease. After a long inquiry, it was discovered by accident that all these families had been buying their spring chickens from one and the same place, viz., from a private hospital in the neighborhood. A medical student brought the livers of two such chickens to Prof. Johne, in Dresden. The student, whose own sister had become affected with consumption, had lived during his vacation at home with his parents in C., and he had there at dinner observed the peculiar appearance of the liver of the chickens.

On examination, both organs were found to be full of tubercular bacilli. A thorough investigation was at once instituted, and it was then that the fact came to light that the chickens eaten by the families, members of which had been infected with tuberculosis, had all been bought from the institution mentioned. On further inquiry at the latter place the following facts were elicited:—

At about the time when the first case of consumption occurred in the village, an inmate of the hospital, Mrs. R., had died of the disease. Before her death, Mrs. R. used to feed



the chickens raised there; she was often seen first to chew the meat before she gave it to the chickens. Further, the spittoons were emptied on a place in the yard where the chickens generally came to pick up stray corn.

As none of the chickens ever came in contact with any animals in the neighborhood—the hospital being situated at a considerable distance from the village—as no disease had happened amongst them until the arrival of Mrs. R., when soon after an epidemic broke out amongst them, and many died—there is no doubt that they contracted the disease from Mrs. R., and in return infected those who ate their flesh.

The case is very interesting, first, as it proves how such animals may become affected, then how they may spread the disease, and lastly, that some kind of a disposition must exist in the person infected; for here, of many who had eaten of the diseased flesh, only a few contracted the malady. The whole report teaches us how careful we have to be, and how necessary is the appointment of skillful experts by the State to inspect all food offered for sale.—*Medical Brief*.

### AN OBSTINATE CASE OF SYCOSIS TREATED WITH OLEATE OF COPPER.

BY S. ARMER, M. D., COLUMBUS, INDIANA.

It has been my misfortune to have been my own patient, having for upwards of twenty-five years been afflicted with the most inveterate case of sycosis which I ever saw. Prior to its onset I rejoiced in the possession of a luxuriant growth of beard, which in due time was completely sacrificed to the disease, my suffering from which made life literally a burden. It is needless to affirm that during these years I resorted to all the means recommended by reputable authorities for the destruction of the parasite, and freely partook of "alteratives," including arsenic and mercury, but all to no purpose. A short time since I was waited upon by an intelligent representative of Parke, Davis & Co., who presented me with a sample of the oleate of copper, as prepared by that firm. On his advice I resolved to give it a trial, although I must admit such therapeutic properties as it might possess was not in my case enhanced by any considerable amount of that faith which is such a valuable adjunct to the action of a drug. The employment



of the sample, however, was followed by effects which warranted me in ordering a fresh supply, and accordingly I secured another ounce. My manner of applying it was in the form of a 20-per-cent. ointment, which I kept in contact for days together, without removal. The eruption speedily disappeared, and soon the only trace of the former distressing condition was the appearance of a small papule at intervals of two or three days. This was promptly arrested by the application to it of a little of the ointment. The result has certainly been the most remarkable of which I have any knowledge, either from my own observation or from the literature on the subject—a case of sycosis of twenty-five years' standing cured in less than four weeks.—*Therapeutic Gazette*.

#### ANTISEPTIC DRESSING FOR WOUNDS.

Dr. J. S. PRETTYMAN, of Milford, Del., sends the following: For twenty years or more I have been in the habit of closing up all fresh wounds, that were clean, or could be made clean, and that were not extremely ragged, with bandages kept well saturated in the following: R. p. myrrh,  $\bar{z}$  viij.; p. benzoin, p. capsic.,  $\bar{z}$ . j.; ol. anisi, O. iv. M.—Make a tincture which I call *tinct. myrrh. comp.*

If the bandages are saturated with it, they form, with the gum, a nice case all around and over the wound, and retain the parts *in situ* in an excellent manner. No treatment that I have ever used, or seen used by others, seems to me to be quite equal to this in the excellence of the results. It appears to keep down inflammation, prevent suppuration, pain and soreness, and greatly to promote the healing process. Lately I have improved the preparations as follows: R. P. myrrh,  $\bar{z}$  viij. p. benzoin,  $\bar{z}$  iv; powd. capsic.,  $\bar{z}$  j.; alcohol, O. iv. M.—Make a tincture, and use as above indicated.

This treatment of suitable wounds I can recommend in the highest manner. Twice a day the dressing should be saturated and no change made in them for a week, unless untoward symptoms make it necessary. When the dressings are to be changed, saturate them well with alcohol to soften the gum, so that the bandages will not adhere.—*N. Y. Med. Record*.



# Index to Volume V.

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	PAGE.
Affections of the Eye—CORNWALL.....	1
Announcement—EDITORIAL.....	17
A New Symptom of Fatty Infiltration of Liver.....	48
Address Before State Society—MCLEAN.....	49
An Open Letter—CROWLEY.....	52
A Case of Otorrhœa—CORNWALL.....	61
Adenoma of Stomach.....	180
A Highly Interesting Record.....	554
Arsenical Injections in Goitre.....	184
A Paper—MARTIN.....	198
Address at Graduating Exercises—CAMPBELL.....	225
Are Criminals Responsible?.....	235
A Lugubrious Prospect—EDITORIAL.....	282
Antiseptic Dressing for Wounds.....	556
Antipathies.....	368
An Overcrowded Profession—WATKINS.....	374
A Letter Answered—EDITORIAL.....	449
Animal Magnetism in Disease.....	477
Book Notices..... 35, 83, 122, 172, 202, 297, 395, 462, 485,	539
Cell Growth.....	18
Corrosive Sublimate in Gonorrhœa.....	32
Case of Aneurism of Aorta ..	39
Chaff.....	76
Catheter Fever.....	77
Compliments.....	78
Cascara Sagrada in Hæmorrhoids.....	118
Climate of California.....	145
Concerning the Doctor.....	153
Closing Hours.....	204
Cases in Practice.....	237
Caries.....	238
Corrections.....	252
Class History.....	273
Calcarea Carb. in Chronic Cough.....	293
Chicago Letter.....	513
Cholera Infantum.....	339
Clinical Case.....	352
Chloral Hyd. in Albuminuria.....	365
Considerations Regarding Choice of Occupation, Ocular Refraction being the Guide.....	369
Correspondence.....	480
Cholera and Its Bacillus.....	510
Diet in Bronchitis and Asthma.....	48
Death of Dr. S. H. Potter.....	78
Dr. Sherwood on California ..	251
Doctor's Doggerel.....	525



	PAGE.
Elevating the Standard .....	221
English Steamship Surgeons .....	222
Electrolysis in Stricture of the Urethra.....	359
Exhibition of Lepers.....	413
Epiphegus Virginiana in Headache.....	445
Electro-Therapeutics.....	429
Etiology and Treatment of Baldness.....	47
Enuresis.....	6
Faradism in Disease.....	67, 114, 285, 345, 384, 478, 526
Follicular Tonsillitis.....	113
Final Examination.....	215
Foot and Mouth Disease .....	250
Fracture of the Jaw.....	309
From East Westward .....	425
Glycerine in Flatulence and Pyrosis. ....	364
Graduating Exercises.....	203
General Considerations Regarding Naso-Pharyngeal Catarrh.....	97
Have Abnormal Growths New Elements?.....	233
Home for Invalids.....	294
Heatonian Method of Curing Hernia.....	310
Hemorrhage in Placenta Prævia.....	416, 486
History of a Case of Fistula in Ano.....	540
How to Find a Location.....	346
Hemorrhage after the Extraction of Teeth.....	417
Hysteria.....	419
Heat and Cold in Therapeutics.....	489
Hosford's Acid Phosphate vs. Phosphoric Acid .....	498
Hæmorrhoids, New Treatment for.....	511
Inoculation of Rabies.....	463
Inspissated Cerumen.....	322
Infantile Leucorrhœa.....	361
Influence of Jaborandi in Stomatitis.....	158
Is Morphine Dangerous in Cardiac Disease .....	355
Is This the Nineteenth Century?.....	535
Indigestion.....	104
Illusions and Hallucinations of Vision .....	53
Ingrowing Nails.....	48
Kali Bichrom in Laryngeal Affections.....	30
Letter from A. W. Bixby, M. D.....	118
Life is What We Make It.....	246
Letter from J. A. McK.....	385
Management of Purulent Otitis, the Sequel of Scarlet Fever.....	386
Micro Organisms in Disease.....	433
Medical Legislation.....	448, 544
Medical Formulas.....	281
Morbus Coxarius.....	57
Meddlesome Druggists.....	29
Muscular Pain.....	533
Natura Ducit.....	3
Nervous Origin of Disorders of the Alimentary Canal.....	551
Notes.....	79, 119, 295, 460, 168, 194, 483, 538
Notice to Physicians of the Pacific Coast.....	32
No Time to Waste.....	109
Normal Liquids.....	117
National Eclectic Medical Association.....	331
No Progress No Eclecticism .....	156
New Eclectic Medical Journals.....	166



	PAGE.
New Remedy for Tapeworm.....	254
Not an Irregular This Time.....	255
New Treatment for Strangulated Hæmorrhoids.....	511
Ænantha Crocata.....	524
Oleum Olivæ.....	529
Out in the Cold.....	472
Our Pacific Opponents and Their Vagaries.....	474
Our Ancient Contemporary Heard From.....	255
Perceptions and Emotions in Shock.....	193
Professor Campbell's Address.....	209
Pharyngeal Catarrh.....	97
Phenic Acid in the Treatment of Zymotic Fevers.....	100
Progress of Medicine.....	520
Proposed Medical Legislation in New York.....	108
Prostatic Hypertrophy and Urinary Obstructions, Treatment with- out Catheterism.....	545
Placenta Prævia.....	486
Purified by Fire.....	438
Principles of Eclecticism.....	443
Principle vs. Lucre.....	531
Professional Jealousies.....	447
Professor Crowley in the East.....	448
Puerperal Peritonitis.....	341
Pay Up.....	31
Prostatic Calculus.....	37
Piper Methysticum.....	375
Professor King and Medical Laws.....	389
Protruding Stomach and Bowels.....	409
Proof of Death.....	508
Plaster Paris Splint in Fracture of the Jaw.....	309
Quackery and the Medical Laws.....	439
Questions of the Hour.....	516
Relation of the Suprarenal Capsules to Cutaneous Pigmentation.....	531
Reminiscences and Experiences.....	468
Rhamnus Purshiana.....	45
Reviews and Reprints.....	84, 124, 173
Remarks on Heart Affections.....	397
Reformed Medicine.....	64
Railroad Medical Education.....	65
Remedies for Nasal Affections.....	71
Reduction in Price of Subscription.....	73
Rectal Administration of Ether.....	248
Red Sore Eyes.....	259
School System.....	70
Sepia in Uterine Affections.....	534
Sir Erasmus Wilson.....	518
Surgical Delusions.....	304
Symposium.....	343
Sycosis Treated with Oleate of Copper.....	555
Special Notice.....	192
Surgical Notes.....	167
Specific Diagnosis and Medication.....	422
Something New in the Poultice Line.....	446
Something about Salmon.....	465
Some Points in the Use of Heat and Cold in Therapeutics.....	489
Summer Studies.....	408
The Bondage of the Bandage.....	428



	PAGE.
The State Society .....	536
Two Honorable Exceptions.....	537
The Danger from Chinese Lepers.....	538
The First Manufacturer of Pepsin.....	538
The Office of Coroner.....	542
The New Local Anæsthetic....	527
They Come and Go....	524
The Maine Unpleasantness Again.....	452
The Unfortunate Medicine Man.....	253
The National.....	256
The Vicissitudes of Regular Codism .....	257
The Power of Imagination.....	22
The Opium Habit.....	26
The Salts of Nickel .....	32
To Facilitate Parturition by Hygiene.....	504
To Which We Say "Amen".....	535
Too Many Cooks.....	530
Traumatic Injuries of the Eye.....	148
Treatment of Gonorrhœa.....	240, 321
Treatment of Typhoid Fever.....	151
The Preacher and the Quack.....	159
The Aroma of the Festive Pigtail.....	164
The Advantage of Small Classes.....	165
The Dangers of the Seductive Cigar. ....	166
The Camp Fire.....	377
The Treatment of Rattlesnake Poisoning.....	380
The Treatment of Rhus Tox Poisoning .....	391
Taking Poison in Joke.....	414
The Advantages of an Eastern Education .....	344
The Alumni Association .....	204
The Postponing of Old Age.....	287
The Deterioration of Puritan Stock.....	290
The Treatment of Diabetis Mellitus.....	292
Unique Case.....	404
Useful Formulas.....	241
Wiring of Fractured Patellæ.....	43
Who's Hit .....	79
Whooping Cough.....	157
Which Horn of the Dilemma?.....	533
Young's Automatic Surgical Chair.....	79



